Revision: HCFA-PM-93-1   (BPD)
         January 1993

State/Territory: Mississippi

Citation   4.39 Preadmission Screening and Annual Resident Review in
Secs.   Nursing Facilities
1902(a)(28)(D)(i)
and 1919(e)(7) cf   (a) The Medicaid agency has in effect a written
the Act;   agreement with the State mental health and
P.L. 100-203   mental retardation authorities that meet the
(Sec. 4211(c));   requirements of 42 CFR 431.621(c).
P.L. 101-508
(Sec. 4801(b)).   (b) The State operates a preadmission and annual
                             resident review program that meets the
                             requirements of 42 CFR 483.100-138.

                         (c) The State does not claim as "medical assistance
                             under the State Plan" the cost of services to
                             individuals who should receive preadmission
                             screening or annual resident review until such
                             individuals are screened or reviewed.

                         (d) With the exception of NF services furnished to
                             certain NF residents defined in 42 CFR
                             483.118(c)(1), the State does not claim as
                             "medical assistance under the State plan" the
                             cost of NF services to individuals who are
                             found not to require NF services.

                    X   (e) ATTACHMENT 4.39 specifies the State's
                             definition of specialized services.

TN No.   94-14
Supersedes   Approval Date FEB 0 3 1995   Effective Date   10-1-94
TN No.   NEW   Date Received 12-30-94

Revision: HCFA-PM-93-1 (BPD)
         January 1993

State/Territory: Mississippi

Citation   4.39 Continued
Secs.
1902(a)(28)(D)(i)   ___ (f) Except for residents identified in 42 CFR
and 1919(e)(7) of   483.118(c)(1), the State mental health or
P.L. 101-508   mental retardation authority makes
(Sec. 4801(b)).   categorical determinations that individuals
                                     with certain mental conditions or levels of
                                     severity of mental illness would normally
                                     require specialized services of such an
                                     intensity that a specialized services program
                                     could not be delivered by the State in most, if
                                     not all, NFs and that a more appropriate
                                     placement should be utilized.

                           (g) The State describes any categorical
                                determinations it applies in ATTACHMENT 4.39-A.

TN No. ___94-14___
Supersedes   Approval Date **FEB 0 3 1995**   Effective Date ___10-1-94___
TN No. ___New___   Date Received __12-30-94__